

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10580459

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51	/	/	/	/	/	/
2	/	/	/	/	/	/	52	/	/	/	/	/	/
3	/	/	/	/	/	/	53	/	/	/	/	/	/
4	/	/	/	/	/	/	54	/	/	/	/	/	/
5	/	/	/	/	/	/	55	/	/	/	/	/	/
6	/	/	/	/	/	/	56	/	/	/	/	/	/
7	/	/	/	/	/	/	57	/	/	/	/	/	/
8	/	/	/	/	/	/	58	/	/	/	/	/	/
9	/	/	/	/	/	/	59	/	/	/	/	/	/
10	/	/	/	/	/	/	60	/	/	/	/	/	/
11	/	/	/	/	/	/	61	/	/	/	/	/	/
12	/	/	/	/	/	/	62	/	/	/	/	/	/
13	/	/	/	/	/	/	63	/	/	/	/	/	/
14	/	/	/	/	/	/	64	/	/	/	/	/	/
15	/	/	/	/	/	/	65	/	/	/	/	/	/
16	/	/	/	/	/	/	66	/	/	/	/	/	/
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						